

032904

T3281 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 22241-00001-US	
		First Inventor Charles E. Harrison, III	
		Title BACKING MIRROR	Express Mail Label No.
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification <small>(Total Pages 19)</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>(Total Sheets 9)</small>		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
5. Oath or Declaration <small>(Total Sheets 4)</small> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number: 30678 OR <input type="checkbox"/> Correspondence address below		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
Name		13. <input type="checkbox"/> Preliminary Amendment	
Address		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
City	State	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
Country	Telephone	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Name (Print/Type) Susan E. Shaw McBee		17. <input type="checkbox"/> Other: _____	
Signature <i>Susan E. Shaw McBee</i>		Registration No. (Attorney/Agent) 39,294	
		Date March 29, 2004	

16834 U.S. PTO
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13281 U.S. PTO

PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Concurrently Herewith
		First Named Inventor	Charles E. Harrison, III
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	22241-00001-US
1,136.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP		Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Description Fee Paid	
The Director is authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
FEE CALCULATION		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Large Entity Small Entity		1251 110 2251 55 Extension for reply within first month	
Fee Fee Fee Fee	Fee Description Fee Paid	1252 420 2252 210 Extension for reply within second month	
Code (\$) Code (\$) Code (\$) Code (\$)		1253 950 2253 475 Extension for reply within third month	
1001 770 2001 385 Utility filing fee	770.00	1254 1,480 2254 740 Extension for reply within fourth month	
1002 340 2002 170 Design filing fee		1255 2,010 2255 1,005 Extension for reply within fifth month	
1003 530 2003 265 Plant filing fee		1401 330 2401 165 Notice of Appeal	
1004 770 2004 385 Reissue filing fee		1402 330 2402 165 Filing a brief in support of an appeal	
1005 160 2005 80 Provisional filing fee		1403 290 2403 145 Request for oral hearing	
SUBTOTAL (1) (\$)		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
770.00		1452 110 2452 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1453 1,330 2453 665 Petition to revive - unintentional	
Total Claims 26 -20** = 6 Extra Claims Fee from below Fee Paid		1501 1,330 2501 665 Utility issue fee (or reissue)	
Independent Claims 6 -3** = 3		1502 480 2502 240 Design issue fee	
Multiple Dependent		1503 640 2503 320 Plant issue fee	
Large Entity Small Entity		1460 130 1460 130 Petitions to the Commissioner	
Fee Fee Fee Fee	Fee Description Fee Paid	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
Code (\$) Code (\$) Code (\$) Code (\$)		1806 180 1806 180 Submission of Information Disclosure Stmt	
1202 18 2202 9 Claims in excess of 20		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1201 86 2201 43 Independent claims in excess of 3		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid		1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent		1801 770 2801 385 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1802 900 1802 900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$)		Other fee (specify)	
366.00		*Reduced by Basic Filing Fee Paid	
**or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$)	
		0.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Susan E. Shaw McBee	Registration No. (Attorney/Agent)	39,294
Signature	<i>Susan E. Shaw McBee</i>	Telephone	(202) 331-7111
		Date	March 29, 2004